



DUE DATE: 30 DAYS AFTER RECEIPT

ANNUAL SURVEY OF MANUFACTURES

Return your completed form to:
BUREAU OF THE CENSUS
1201 East Tenth Street
Jeffersonville, IN 47132-0001
For assistance call:

NOTE – Complete only the unshaded portion of each item. Figures for dollars should be rounded to thousands.

HOW TO REPORT

Example:

If a figure is \$1,125,628 –

Report —————→

Mil- lions (000)	Thou- sands (000)
1	126
	0

If item value is equal to "0" (or less than \$500) – Enter "0" —————→

Please read the instructions on reverse side before reporting.

(Please correct any error in name, address, and ZIP Code)

Item 1A. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the SAME as that used for this establishment on its latest Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ YES 2 ☐ NO – Enter current EI Number (9) digits ↘

Person within your company to contact regarding this report. If this information is incorrect or blank, please enter the correct information in item 9 at the end of the questionnaire.

Name		Telephone		Area code		Number		Extension	
TN		NIND		AREA		WT		CCS	

Item 1B. PHYSICAL LOCATION (COUNTY) OF THIS ESTABLISHMENT

Item 4. TOTAL INVENTORIES AT END OF YEAR (Report both years.)

a. Finished goods, work-in-process, materials, supplies, fuels, etc.

Key	END OF		Key	END OF	
	Mil.	Thou.		Mil.	Thou.
338			334		

Item 2. EMPLOYMENT

a. Number of PRODUCTION WORKERS during pay period including March 12.

Key	
306	

b. All OTHER EMPLOYEES (pay period including March 12)

307	
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c. TOTAL (Sum of lines a and b)

308	
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Item 3. TOTAL ANNUAL PAYROLL

Production workers' wages and all other salaries and wages (Exclude supplemental labor costs.)

Mil.	Thou.
311	

b. Are inventories of this establishment subject to the LIFO method of valuation? 230 1 ☐ YES 2 ☐ NO

Item 5. TOTAL CAPITAL EXPENDITURES

New and used buildings, machinery, and equipment

Key				
	Mil.	Thou.	Mil.	Thou.
350				

Item 6. TOTAL COST OF MATERIALS AND CONTRACT WORK

Cost of materials, parts, electricity, resales, contract work, and fuels

326		
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Item 7. VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS

If printed descriptions are incorrect, please revise. Describe all additional products. (If additional lines are needed, please use the REMARKS section or attach a separate sheet.) (a)

581	Products shipped and other receipts				
Product class code (b)	584	(c)		(d)	
	Mil.	Thou.	Mil.	Thou.	

	018			
	026			
	034			
Value of all other products made in this establishment that are NOT REPORTED ABOVE. Continue listing other products in REMARKS section if more space is needed.	042			
Receipts for work or services that you performed for others on their materials – Describe ↘	9300000 8			
Resales – Sales of products bought and resold without further manufacture, processing, or assembly (Include cost in item 6.)	9998900 6			
Miscellaneous receipts (repair work, installation, sales of scrap, etc.)	9998000 5			
TOTAL value of products shipped and other receipts of this establishment	7700000 8			

PENALTY FOR FAILURE TO REPORT

CONTINUE ON REVERSE SIDE

Item 8. OPERATIONAL STATUS

Mark (X) the ONE box that best describes this establishment at the end of

001

1 ☐ In operation

2 ☐ Temporarily or seasonally inactive

3 ☐ Ceased operation

4 ☐ Sold or leased TO another operator – Give date at right AND enter name, etc., below

5 ☐ Acquired or leased FROM another operator – Give date at right AND enter name, etc., below

GIVE DATE →

Enter figures only

Month	Day	Year

Name of new/former owner or operator

El Number (9 digits)

002

–

Number and street

City

State

ZIP Code

GENERAL INFORMATION AND DETAILED INSTRUCTIONS

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law **YOUR CENSUS REPORT IS CONFIDENTIAL**. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondent’s files are immune from legal process.

In the prior-year column, we have printed the data available in our files for items 4 through 7. These figures may differ from those actually reported by you because of changes made by the Bureau of the Census as a result of correspondence with your company or a comparison with previous data reported for the establishment. Please check the previous-year figures and make any necessary corrections. If prior-year figures are not printed on your form, please report these figures for item 4 only.

Public reporting burden for this collection is estimated to average from **a half hour** to **three** hours per response with an average of **2.1** hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0449, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

ITEMS ON THE REPORT FORM

Item 1A. EMPLOYER IDENTIFICATION NUMBER –

Be certain to enter in item 1A the current Employer Identification Number if it is different from the one printed in the address label. This information is needed so the Bureau of the Census can avoid sending duplicate report forms for the same location.

Item 1B. PHYSICAL LOCATION –

Information on the physical location of each establishment is needed to prepare the tabulations of manufacturing activity in each State and county. Review item 1B and make any necessary corrections or additions.

Item 2. EMPLOYMENT –

You may follow the definition of employees specified by your State Employment Security Agency.

Report employees at the establishment who worked or received pay for all or part of the pay period including the 12th of March. Nonproduction personnel are to be reported on the "ALL OTHER EMPLOYEES" line. EXCLUDE proprietors and partners from the item.

Item 3. TOTAL ANNUAL PAYROLL –

Report the gross earnings paid in each calendar year to employees at the establishment prior to such deductions as employees’ Social Security contributions, withholding taxes, group insurance premiums, union dues, and savings bonds.

Include the salaries of officers of this establishment if a corporation; if an unincorporated concern, exclude payments to proprietors or partners. Exclude supplemental labor costs.

Item 4. TOTAL INVENTORIES –

Report inventories at the lower of cost or market using generally accepted accounting methods. For inventories at LIFO cost, use the sum of the LIFO amount plus the LIFO reserve for completing this item.

Item 5. TOTAL CAPITAL EXPENDITURES –

Include all outlays during the year for building and equipment that are chargeable to the fixed asset account, and for which depreciation or amortization reserves are maintained. Report as capital expenditures during the year only those capital outlays actually made during the year, not the final value of equipment put in place or the buildings completed during the year.

Item 6. TOTAL COST OF MATERIALS AND CONTRACT WORK –

Report the delivered cost of all raw materials, containers, supplies, and other commodities that were (1) put into production, (2) used as operating supplies, or (3) used in repair or maintenance.

INCLUDE the cost of all products bought and resold in the same condition as when purchased.

INCLUDE the amount paid for all fuels and electric energy consumed for heat and power.

INCLUDE the cost of any contract work done by others on your materials.

Item 7. VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS –

Report for each class of products, the value of products that were manufactured and shipped or sold from this establishment. Value should be net selling value f.o.b. plant after discounts and allowances. Exclude freight charges and excise taxes. If some products manufactured do not appear to belong to the prelisted product classes, please enter a description of your products in column (a) and enter their value in column (c) on the line provided for additional products. Report separately for each major kind of product.

If IMPORTED PRODUCTS are sold WITHOUT FURTHER MANUFACTURE, processing, or assembly by your company, they should be reported on the line for "Resales" and not included with specific products made at this establishment. On the other hand, IMPORTS that are FURTHER PROCESSED in the United States should be reported as products made at this establishment.

Item 8. OPERATIONAL STATUS –

Please mark the box (1 through 5) that is applicable to the operation of your establishment during the survey year. If boxes 3, 4, or 5 are marked, enter the month and year the action became effective.

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data. If more space is needed, attach a separate sheet. Be sure to include your Census File Number (CFN) on all additional pages.

Item 9. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (Please print or type.)

TELEPHONE →

Area code

Number

Extension

667 1

2

Name of company

Address (Number and street, city, state, ZIP Code)

PERIOD COVERED →

From: Mo.

Day

Year

To: Mo.

Day

Year

666 1

2

Signature of authorized person

Title

Date

FORM MA-1000(S) (9-16-98)